#### Utah Department of Health, Child Care Licensing

### Out of School Time Program Renewal Application, Staff Record Form Checklist D

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Prog	gram Address:										
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one)		renewed, this form m	this form. List all owners, employ ust be accurately completed before dispersion.								
	1. First Name	2. Middle Name	3. Last Name	4. Start Date (First date of paid work, for those hired after your last Announced Inspection) (mm/dd/yyyy)		paid ose our ced	5. Position(s) (Owner, Director, Assistant Dire Caregiver, Cook, Driver, Custor Volunteer, Board Member, or O	ector, dian,	Complete Staff File (Initial CBS/LIS, TB, Orientation Training) Listed on CBS/MIS our CBS/MIS (Benewal Forms?		
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	1. First Name	2. Middle Name	3. Last Name	4. Start Date (First date of paid work, for those hired after your last Announced Inspection) (mm/dd/yyyy)	5. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian, Volunteer, Board Member, or Other)	Complete Staff File (Initial CBS/LIS, TB, Orientation Training) C and C	
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If the program has more than 40 staff, copy and use the additional page below.

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				4. Start Date (First date of paid work, for those hired after your last Announced Inspection)	5. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian,	Complete Staff File (Initial CBS/LIS, TB, Ozientation Training) Drientation Training) Listed on CBS/MIS Guise Renewal Forms?
	1. First Name	2. Middle Name	3. Last Name	(mm/dd/yyyy)	Volunteer, Board Member, or Other)	S S O S &
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